

EMPLOYEE TRANSACTION HISTORY CARD

- Personal Data Form
- ☐ Conditions of Appointment
 - ☐ Policies (Code of Conduct, Sexual Harassment, Email, Internet, Drug Free Workplace)
 - ☐ HIPPA Training
 - ☐ FLSA
 - ☐ I - 9
 - ☐ Application
 - ☐ Conditions of Employment (CW/SW/CSA/HCW)
 - ☐ Other
 - ☐ Benefits/Payroll Information
 - ☐ Background Investigations Packet

EMPLOYEE NAME	Garcia-Guerrero, Francisco
SS# / EMPLID#	IDH/301505

EFFECTIVE DATE	ACTION	SALARY	PERM #	CURRENT CLASSIFICATION	STATUS
12-05-2016					
Notes: Data Noted: Judgment of Board, Final Understanding, FY 16 Governor's Order of Conduct					
10-10-17					
Notes: Final FY 17 ME					
Notes:					
Notes:					
Notes:					
Notes:					
Notes:					
Notes:					
Notes:					

EMPLOYEE TRANSACTION HISTORY CARD

- ☐ Personal Data Form
- ☐ Conditions of Appointment
- ☐ Policies (Code of Conduct, Sexual Harassment, Email, Internet, Drug Free Workplace)
- ☐ HIPAA Training
- ☐ FLSA
- ☐ I-9
- ☐ Application
- ☐ Conditions of Employment (CW/SW/CSA/HCW)
- ☐ Other
- ☐ Benefits/Payroll Information
- ☐ Background Investigations Packet

EMPLOYEE NAME	Garcia - Quintana, Francisco
SS# / EMPLID#	# 321530

EFFECTIVE DATE	ACTION	SALARY	PERM #	CURRENT CLASSIFICATION	STATUS
6-6-14	EDA CLOSEOUT				
Notes:					
7-14-2014	FY 14 GOVERNOR'S CODE OF CONDUCT			VEHICLE USE ACKNOWLEDGMENT	
Notes:					
1/3/15 + 1/17/15	In-Pay Band Adjustment			MOBILE DEVICE ACKNOWLEDGMENT	
Notes:					
10-14-2015	FY15 Governor's Code of Conduct				
Notes:					
3-29-2016	2015 Acknowledgment of Receipt and Understanding				
Notes:					
4-01-2016	Civil Rights				
Notes:					
5-17-2016	Vehicle Use Acknowledgment				
Notes:					
5-18-2016	Final Manager Evaluation File				
Notes:					
5-18-2016	Final Manager Evaluation File				
Notes:					

EMPLOYEE TRANSACTION HISTORY CARD

EMPLOYEE NAME	Garcia-Quintana, Francisca
SS# / EMPLID#	321525

- ☐ Personal Data Form
- ☐ Conditions of Appointment
- ☐ Political (Code of Conduct, Sexual Harassment, Email, Internet, Drug Free Workplace)
- ☐ HIPPA Training
- ☐ FLSA
- ☐ I - 9
- ☐ Application
- ☐ Conditions of Employment (CW/SW/CSA/HCW)
- ☐ Other
- ☐ Benefits/Payroll Information
- ☐ Background Investigations Packet

EFFECTIVE DATE	ACTION	SALARY	PERM #	CURRENT CLASSIFICATION	STATUS
9.17.11	Promotion transfer	\$23.62	32352	1-HS Super	Perm

Notes:

9.17.11	FINAL EMPLOYEE EVALUATION		
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Notes:

11-12-11	Multi-lingual my approved		
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Notes:

6-27-12	Governor's Code of Conduct		
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Notes:

9-21-12	Personal Data Sheet September 2012		
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Notes:

11-27-12	ME CLOSE OUT FY13		
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01-30-13	CIVIL RIGHTS FY13		
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Notes:

6/23/13			
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Promotion

7.3.13 →

FY14
Governor's Code
of Conduct

EMPLOYEE TRANSACTION HISTORY CARD

EMPLOYEE NAME	APRIL LUTHERAN, FRANCES
SS# / EMPLID#	321525

- ☒ Personal Data Form
- ☒ Conditions of Appointment
- ☒ Policies (Code of Conduct, Sexual Harassment, Email, Internet, Drug Free Workplace)
- ☐ HIPPA Training
- ☒ FLSA
- ☒ I-9
- ☒ Application
- ☒ Conditions of Employment (CW/SW/CSA/HCW)
- ☒ Other TX Text Now
- ☐ Benefits/Payroll Information
- ☒ Background Investigations Packet

EFFECTIVE DATE	ACTION	SALARY	PERM #	CURRENT CLASSIFICATION	STATUS
10-30-10	RETIRE	\$20.54	8989	2000 CM SLCW-1 INS PRAT	

Notes:

11-2-10					
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Notes:

Request for Alternative Work Arrangement

11/13/10	Multi-Lingual	\$20.54	8989	5050-0-1HS Pract	NO.
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Notes:

Нам

11/23/10					
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Notes:

Domestic Violence Act.

9-16-44	BACKGROUND INVESTIGATION CHECKLIST	Level 3		
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BACKGROUND INVESTIGATION CHECKLIST ^{Level}₃

9-16-44

Notes: 9-17-11 Promotion-transfer

10-5-11

Request for Alternative Work Arrangements

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Notes:

10.20.11	Acknowledgment or Receipt & Understanding Code of Conduct			
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Acknowledgment of Receipt & Understanding Code of Conduct

10.20.11

EMPLOYEE TRANSACTION HISTORY CARD

- ☒ Personal Data Form
- ☒ Conditions of Appointment
- ☒ Policies (Code of Conduct, Sexual Harassment, Email, Internet, Drug Free Workplace)
- ☐ HIPPA Training
- ☒ FLSA
- ☒ I - 9
- ☒ Application
- ☒ Conditions of Employment (CW/SW/CSA/HCW)
- ☐ Other
- ☒ Benefits/Payroll Information
- ☐ Background Investigations Packet

EMPLOYEE NAME	Francisca Garcia-Quintana
SS# / EMPLID#	3121525

EFFECTIVE DATE	ACTION	SALARY	CURRENT TOOL/PERM	CURRENT CLASSIFICATION	STATUS
Notes:					
10-15-09					
Notes: Defensive Driving Certificate					
8-11-10	Final Employee Eval				
Notes:					
8-10-10	Resignation DAP				
Notes:					
Notes:					
Notes:					

Employee Transaction History Card

EMPLOYEE NAME	GARCIA-QUINTANA, FRANCISCA
SS#/ID#	(321525)

- ☒ Personal Data Form
- ☒ Conditions of Appointment
- ☒ Policies (Code of Conduct, Sexual Harassment, Email, Internet, Drug Free Workplace)
- ☐ HIPPA Training
- ☒ FLSA
- ☒ I - 9
- ☒ Application
- ☒ Cond of Emp (CW/SW/CSA/HCW)
- ☒ Other
- ☒ Benefits/Payroll Info.
- ☐ Background Investigations Packet

EFFECTIVE DATE	ACTION	SALARY	CURRENT DEPT. #/PERM #	CURRENT CLASSIFICATION	STATUS
8/22/09	New Hire	18.60	5040010000 8482	Investigations Worker	Perm
Notes					
8-24-09					
Notes Acknowledgment of Receipt and Understanding					
8-24-09					
Notes Acknowledgment of FLSA status					
8-24-09					
Notes Acknowledgment of Conditions of appointment					
9-3-09					
Notes multilingual Pay Certification Form					
9-5-09					
Notes PAR. multilingual Form					

**PERSONNEL ACTION REQUEST
EMPLOYEE SUPPORT SERVICES**



For Agency Use Only: SMART

PAR # (s): _____

Analyst: Carol

Revised 09/28/2006

Date Rec'd ESS



Effective Date of Action: 5-24-2017

Section 1 - Employee/Position Information

Employee Name		National ID (SSN)	Employee ID	Work Schedule	
Francisca Garcia-Quintana			321525	M-F 8-5	
Current TOG or Manager Group Title	Current Job Class Code	Current Working Title	Current Pay Band	Current Pay Rate	Current Compa Ratio
CPS INVEST SUPV	G10245	CPS INVEST SUPV	75	31.863	1.219
Current Department Number	Current Perm #	Current Org Level	Current Location	Current Position Status	Current Sort Code
5040010000	8480	F	ESPANOLA	PERM	5105
New TOG or Manager Group Title	New Job Class Code	New Working Title	New Pay Band	New Pay Rate	New Compa Ratio
New Department Number	New Perm #	New Org Level	New Location	New Position Status	New Sort Code

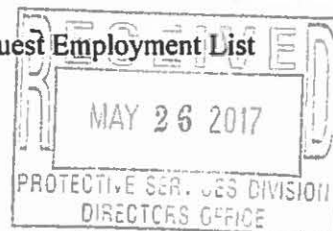
Section 2 - Type of Action Requested for Employee or Position

Employee

- ☐ Hire (Retiree Reemployment? Yes ___ No ___)
☐ In-Grade Hire
☐ Promotion
☐ Class Reduction
☐ Transfer: From _____ To: _____
☐ Resignation
☐ Retirement
☒ Other (Please specify in "Remarks")

Position

- ☐ Advertise Position/Request Employment List
☐ Create Position
☐ Delete Position
☐ Transfer Position
☐ Location Change
☐ Tool Number Change
☐ Reclassify Position (Include PAQ)
☐ Other (Please specify in "Remarks")



Remarks: Final FY 17 ME

Section 3 - Requestor and Authorization

Supervisor Name & Signature Paula Dominguez	Telephone Number (505) 753-7191	Title County Office Manager	Date
Middle Manager Review Name & Signature Joy Weathers	Telephone Number (505) 753-7191	Title Regional Manager	Date
Division Review & Signature Trish Ortiz <u>Trish Ortiz</u>	Telephone Number (505) 827-8452	Title HR Coordinator	Date <u>5.30.2017</u>
Employee Support Representative Review & Signature <u>Carol</u>	Approval to proceed with request: NO (YES) Date: <u>6/1/17</u>		

Employee Support Services Use Only

FLSA Status: ___ Exempt ___ Non-Exempt
 Benefits Elig? Yes No Bargaining Unit Eligible? ___ Yes ___ No (Send copy to Labor Relations Rep.)
 Retiree Re-Employment? ___ Yes ___ No

Action	Reason	Date	Initials	Remarks
		<u>6/1/17</u>	<u>DS</u>	<u>Exceeds - 4</u>
				Copy to Payroll/Benefits? Retro Pay Required: ___ Yes <input checked="" type="checkbox"/> No
				Date: Retro Start Date: _____

CHILDREN, YOUTH AND FAMILIES DEPARTMENT

2016 Acknowledgment of Receipt and Understanding



PART I: Basic Information (Please Print)				
Employee Name: <i>Francisca Garcia-Quintana</i>	Bureau: <i>CH</i>	<i>CYFD</i>	Division:	<i>PSD</i>
Employee ID#: <i>525321</i>				

PART II: Acknowledgment of Receipt and Understanding

All CYFD policies and procedures are located on the CYFD Intranet for my reference and are accessible to me. I certify that I have received a copy of the following policies. I understand that it is my responsibility to read and comply with the contents of these policies. I further understand that if I violate any CYFD policy, I am subject to discipline in accordance with CYFD policies, up to and including dismissal.

- CYFD, HRA, Part 2.1, General Working Conditions, Code of Conduct, dated October 5, 2011
- CYFD, HRA, Part 7, Employment Practices, Respect in the Workplace
- CYFD, HRA, Part 10, Internet Access and E-Mail Usage
- CYFD, HRA, Part 12, Domestic Violence and the Workplace
- CYFD, HRA, Part 11, Workers' Compensation
- CYFD, HRA, Part 8, Training

PART III: Employee Signature	
Employee Signature <i>[Signature]</i>	Date <i>12-5-16</i>



CODE OF CONDUCT
Adopted April 25, 2011

ACKNOWLEDGMENT
(CLASSIFIED EMPLOYEES)

I, Francisca Garcia-Quintana, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Susana Martinez on April 25, 2011. I agree to adhere to its terms and understand that violation of those terms constitutes cause for dismissal, demotion, or suspension.

Printed name:

Francisca Garcia-Quintana

Signature:

[Handwritten Signature]

Date:

12-5-16

**PERSONNEL ACTION REQUEST
HUMAN RESOURCES**



For Agency Use Only: SMART

PAR # (s): _____

Analyst: [Signature]

Revised 10/17/2014



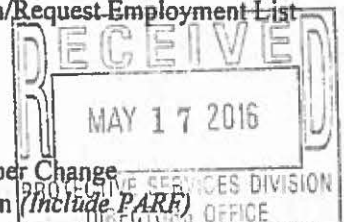
Effective Date of Action: 06/22/16

Section 1 - Employee/Position Information

Employee Name		National ID (SSN)		Employee ID	Work Schedule	
Francisca Garcia-Quintana				321525	M-F 8 to 5	
Current Classification	Current Job Class Code	Current Working Title		Current Pay Band / Grade	Current Pay Rate	Current Compa Ratio
CPS Invest Supv	G10245	CPS Invest. Supv		75	31.863	1.219
Current Department Number	Current Position #	Current Org Level	Current Location	Current Position Status	Current Sort Code	
5040010000	8480	F	Espanola	Perm	5105	
New Classification	New Job Class Code	New Working Title		New Pay Band / Grade	New Pay Rate	New Compa Ratio
New Department Number	New Position #	New Org Level	New Location	New Position Status	New Sort Code	

Section 2 - Type of Action Requested for Employee or Position

Employee	Position
<input type="checkbox"/> Hire at Minimum	<input type="checkbox"/> Advertise Position/Request Employment List
<input type="checkbox"/> In-Grade Hire	<input type="checkbox"/> Create Position
<input type="checkbox"/> Promotion	<input type="checkbox"/> Delete Position
<input type="checkbox"/> Class Reduction	<input type="checkbox"/> Transfer Position
<input type="checkbox"/> Transfer: From <u>CYFD</u> To: <u>ALTSD</u>	<input type="checkbox"/> Location Change
<input type="checkbox"/> Resignation	<input type="checkbox"/> Department Number Change
<input type="checkbox"/> Retirement	<input type="checkbox"/> Reclassify Position (Include PAR#)
<input checked="" type="checkbox"/> Other (Please specify in "Remarks")	<input type="checkbox"/> Other (Please specify in "Remarks")



Remarks: Final ME FY15

FY15 Closeout

Section 3 - Requestor and Authorization

Supervisor Name & Signature Paula Dominguez	Telephone Number 505753-7191	Title County Office Manager	Date 05/05/16
Middle Manager Review Name & Signature Joy Weathers	Telephone Number 505-425-9335	Title NE Regional Manager	Date 05/05/16
Division Review & Signature Trish Ortiz	Telephone Number (505) 827-8452	Title Division HR Coord	Date 5/18/16
Human Resources Representative Review & Signature [Signature]	Approval to proceed with request: NO YES <input checked="" type="checkbox"/> Date: <u>5-20-16</u>		

Employee Support Services Use Only

FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		Bargaining Unit Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No (Send copy to Labor	
Benefits Elig? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retiree Re-Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Relations Rep.)	
Action	Reason	Date	Initials
entered in share		5/20	AL
Action	Reason	Date	Initials
		5/23/16	Y
Retro Pay Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Retro Start Date: _____	



CHILDREN, YOUTH & FAMILIES DEPARTMENT

ADMINISTRATIVE SERVICES

POLICIES AND PROCEDURES



VEHICLE USE ACKNOWLEDGEMENT

Effective Date: March 18, 2016

P&P #: 3.26

Overview: CYFD maintains an expectation that employees conduct themselves in a professional manner that preserves the public trust. This expectation extends to the use of state vehicles in the course of official agency business. Employees are required to adhere to established policies by the NM State General Services Department, Transportation Services Division, and the CYFD Vehicle Use Policies and Procedures.

Employee Acknowledgement

"I have reviewed and understand the CYFD Vehicle Use Policies and Procedures #3.26 Revised March 18, 2016 and agree to abide by these policies and procedures. I acknowledge and understand that the New Mexico State Global Positioning Systems are installed and maintained in all CYFD State Vehicles pursuant to NMAC 1.5.3.31. I furthermore understand that CYFD may delegate to me the authority to utilize state vehicle(s) on its behalf, for official business of the State of New Mexico, locally, out of town or out of state as designated by the CYFD Cabinet Secretary. Given that authority, I agree to accept responsibility for the proper use of the state vehicle entrusted to me solely for legal, authorized and "eligible" purposes, as defined by applicable federal, state and local laws and regulations in addition to CYFD policies and procedures".

Francisca Garcia-Quintana Date 4/1/16 SHARE Employee ID No. 321525
Employee Name Printed

Francisca Garcia-Quintana Date 4-1-16
Employee Signature

[Signature] Date 4/1/16
Supervisor Signature



State of New Mexico

Civil Rights Acknowledgement Statement



Acknowledgement

In accordance with the requirements of Governor Susana Martinez for state of New Mexico state government employees, my signature below hereby certifies that I have completed the State Personnel Office **Civil Rights** training.

Signature

Francisca Garcia Quintana 321525
Name (Printed) SHARE ID
[Signature] 3/29/14
Signature Date
CYED / PSD
NM State Department/Agency

Forward the signed Acknowledgement statement to your appropriate
NM Department/Agency management to be placed in your personnel file.

Maintain a copy of the signed form in your local office files.

OCT 2015

CODE OF CONDUCT
Adopted April 25, 2011

ACKNOWLEDGMENT
(CLASSIFIED EMPLOYEES)

I, Francisca Garcia Quintana, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Susana Martínez on April 25, 2011. I agree to adhere to its terms and understand that violation of those terms constitutes cause for dismissal, demotion, or suspension.

Printed name: Francisca Garcia-Quintana

Signature: _____

Date: 10/14/15

CHILDREN, YOUTH AND FAMILIES DEPARTMENT

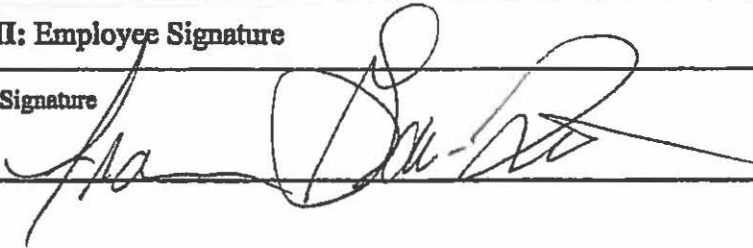
2015 Acknowledgment of Receipt and Understanding

PART I: Basic Information (Please Print)			
Employee Name: Francisca Garcia-Quintana	Bureau: CYFD	Division: PSD	
Employee ID#: 525431			

PART II: Acknowledgment of Receipt and Understanding

All CYFD policies and procedures are located on the CYFD Intranet for my reference and are accessible to me. I certify that I have received a copy of the following policies. I understand that it is my responsibility to read and comply with the contents of these policies. I further understand that if I violate any CYFD policy, I am subject to discipline in accordance with CYFD policies, up to and including dismissal.

- CYFD, HRA, Part 2.1, General Working Conditions, Code of Conduct, dated October 5, 2011
- CYFD, HRA, Part 7, Employment Practices, Respect in the Workplace
- CYFD, HRA, Part 10, Internet Access and E-Mail Usage
- CYFD, HRA, Part 12, Domestic Violence and the Workplace

PART III: Employee Signature	
Employee Signature 	Date 10/14/15

Work Location Job Information Job Labor Payroll Salary Plan Compensation

Francisca Garcia-Quintana

EMP

ID: 321525

Empl Rcd #: 0

Compensation

Find First 1 of 17 Last

Effective Date: 01/17/2015

Effective Sequence: 0

Job Indicator: Primary Job

Action / Reason: Pay Rt Chg

In-Pay Band Adjustment

Current

Compensation Rate:

2,549.03 USD

Frequency:

B

Biweekly

▼ Comparative Information

Change Amount:

51.841600 USD Biweekly

Compa-Ratio:

1.22

Change Percent:

2.076

Job Ratio:

99.96

▼ Pay Rates

Hourly

31.862867 USD

Monthly

5,522.896947 USD

Biweekly

2,549.029360 USD

Annual

66,274.763360 USD

Default Pay Components

Pay Components

Personalize | Find First 1 of 1 Last

Amounts	Controls	Changes	Conversion			
Rate Code	Seq	Comp Rate	Currency	Frequency	Percent	
1 NAHRLY	0	31.862867 USD	USD	H		

Calculate Compensation

Job DataEmployment DataEarnings DistributionBenefits Program Participation

Save

Return to Search

Notify

Previous tab

Next tab

Refresh

Update/Display

Include History

Work Location | Job Information | Job Labor | Payroll | Salary Plan | Compensation

State of New Mexico
CHILDREN, YOUTH and FAMILIES DEPARTMENT



SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR

MONIQUE JACOBSON
CABINET SECRETARY- DESIGNATE

JENNIFER PADGETT
DEPUTY CABINET SECRETARY

February 2, 2015

Governor Susana Martinez
490 Old Santa Fe Trail
Room 400
Santa Fe, NM 87501

Tom Clifford, Cabinet Secretary
Department of Finance and Administration
Office of the Secretary
180 Bataan Memorial Building
Santa Fe, NM 87501

Justin Najaka
Interim Personnel Director
State Personnel Office
2600 Cerrillos Road
Santa Fe, NM 87505

Dear Governor Martinez, Secretary Clifford, and Director Najaka:

Pursuant to Laws 2014, Chapter 63, Section 8, the Children, Youth and Families Department (CYFD) has received an appropriation of \$838.0 to increase the salaries of employees in public safety classifications that have been identified as "having specific problems affecting recruitment and retention, including but not limited to compensation relative to market salaries, high agency vacancy and turnover rates resulting from inadequate salaries compared with market salaries, salary compaction internal to this agency, internal agency pay equity and difficult and hard to fill positions." The increases are focused on specific classifications in Protective Services (PS) and Juvenile Justice Services (JJS) to aid in the retention of staff in these critical public safety roles.

The methodology used in the attached plan takes into consideration the criteria listed in the appropriation and reflects varied increases based on the comparative ratio to the midpoint of each respective pay band.

Initially, eligible JJS staff whose pay was below mid-point received up to a 5% increase, with a minimum of a 1% increase, to mid-point.

OFFICE OF THE SECRETARY
P.O. DRAWER 5160 • SANTA FE, N.M. • 87502
PHONE: (505) 827-7602 • FAX: (505) 827-4053



New Mexico State Personnel Office
Personnel Action Request Form

Section 1 - Agency/Employee Information

Date: Feb 3, 2015 Business Unit Name: Children, Youth and Families Department Bus. unit #: 69000

Employee Name: See attached spreadsheet Empl ID: See attached spreadsheet Effective Date: Jan 17, 2015

☒ Compensation Action ☐ Recruitment Action ☐ Administrative Leave

Bargaining Unit Covered: ☐ NMMTEA ☒ AFSCME ☐ CWA ☒ Not Covered

Section 2 - Compensation Action (resume and transcripts must be attached for all compensation actions)

☐ In-grade hire (IGH) ☐ Promotional increase (PI) ☐ Salary upon temporary promotion (TPI)
☐ Salary upon reduction (employee must sign section 3) ☐ Salary upon transfer (SUT) ☐ Temporary Recruitment Differential (TREC)
☐ Out of state differential ☒ In pay band (IPB) ☐ Temporary Salary Increase (TSI)
☐ Temporary retention differential (TRET)

Section 3 - Recruitment, Assessment, Selection

Recruitment: ☐ Recruitment Waiver

Classification:

Requisition number:

Recruitment dates:

Begin:

End:

Employee Qualifications

Education (attach transcripts):

☐ 8th grade ☐ GED ☐ High School Diploma ☐ Some College ☐ Associates ☐ Bachelors ☐ Masters ☐ Juris Doctorate ☐ PhD

Degree/Major:

Licensure/Certification (attach if applicable):

Years/Months of Related Experience:

Years

Months

Years/Months of supervisory experience (if applicable):

Years

Months

Years/Months of management experience (if applicable):

Years

Months

Total Experience:



New Mexico State Personnel Office
Personnel Action Request Form

Section 5 - Agency Justification and Signatures

Requesting Manager/Supervisor
recommendation (must be
completed):

Pursuant to Laws 2014, Chapter 63, Section 8, the Children, Youth and Families Department (CYFD) has received an appropriation of \$838.0 to increase the salaries of employees in public safety classifications that have been identified as "having specific problems affecting recruitment and retention, including but not limited to compensation relative to market salaries, high agency vacancy and turnover rates resulting from inadequate salaries compared with market salaries, salary compaction internal to this agency, internal agency pay equity and difficult and hard-to-fill positions." The increases are focused on specific classifications in Protective Services (PS) and Juvenile Justice Services (JJS) to aid in the retention of staff in these critical public safety roles.

The methodology used in the attached plan takes into consideration the criteria listed in the appropriation and reflects varied increases based on the comparative ratio to the midpoint of each respective pay band.

Initially, eligible JJS staff whose pay was below mid-point received up to a 5% increase, with a minimum of a 1% increase, to mid-point.

Because the total appropriation was not exhausted in the first round of increases, JJS initiated a second round of increases using the following methodology: (1) managers whose pay was less than midpoint received an increase of 5%; (2) managers and staff whose pay was initially less than midpoint but went over midpoint after the increase received an increase of 4%; and (3) managers and staff whose pay was greater than midpoint received an increase of 3.5%.

JJS took this approach to address historical turnover issues and reduce compaction as a result of the implementation of a hiring salary matrix (as opposed to the previous hiring practice of an entry salary of \$12.15 regardless of education and experience).

Initially, PS used their approved hiring matrix to identify any frontline staff (including County Office Managers and Client Service Agents) whose pay was below the midpoint of the salary range. Those staff received an increase up to 5% based on where they should be compensated using the PS matrix. All other frontline staff who were not below the midpoint of the pay band received an increase of 2.12%.

Because the total appropriation was not exhausted in the first round of increases, PS initiated a second round of increases using the following methodology: (1) frontline staff who had received an initial 2.12% increase received an additional 2.12% increase (for a total of 4.24% increase), up to the maximum of the pay band; and (2) frontline staff who were below midpoint of the pay band and not initially given a full 5% increase received an additional increase.

We appreciate your consideration and approval of this plan as we anticipate this will have a positive impact on our retention strategies.

Requesting Manager/Supervisor
signature:

Print name:

Terese Vigil, HR Manager

Date:

2/3/15

Preparer signature:

Print name:

Terese Vigil, HR Manager

Vigil, Terese, CYFD

From: Marcelli, Michael A., DFA
Sent: Friday, January 09, 2015 5:26 PM
To: Quintana, Helen T., CYFD; Vigil, Terese, CYFD
Cc: Fitting, Lisa M, CYFD
Subject: RE: CYFD In Pay Bands for Protective Services & Juvenile Justice Employees (1 of 2 Submissions)

Sensitivity: Personal

Flag Status: Completed

You have DFA approval, please work with SPO on HCM approvals.

Thanks,

Michael

*received
Verbal approval
from SPO 1/14/15
[Signature]*

From: Quintana, Helen T., CYFD
Sent: Friday, January 09, 2015 3:32 PM
To: Marcelli, Michael A., DFA; Vigil, Terese, CYFD
Cc: Fitting, Lisa M, CYFD
Subject: RE: CYFD In Pay Bands for Protective Services & Juvenile Justice Employees (1 of 2 Submissions)

Yes! thank you!

Helen Quintana

Chief of Staff
Office of the Secretary
1120 Paseo de Peralta Suite 572
Santa Fe, NM 87502
(505) 827-7602
Helen.Quintana@state.nm.us

**Report suspected child abuse or neglect by calling #SAFE (#7233) from a cell phone or
1-855-333-SAFE.**

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From: Marcelli, Michael A., DFA
Sent: Friday, January 09, 2015 3:30 PM
To: Vigil, Terese, CYFD
Cc: Quintana, Helen T., CYFD; Fitting, Lisa M, CYFD
Subject: RE: CYFD In Pay Bands for Protective Services & Juvenile Justice Employees (1 of 2 Submissions)

All these positions will be covered by the \$838.OK?

5 Statewide Central Intake Supervisors
10 Statewide Central Intake Workers
1 Soc & Hum Sv Asst-B (Client Service Agent)
35 Soc & Hum Sv Asst-O (Client Service Agent)
1 Soc & Hum Sv Asst-S (Client Service Agent Supervisor)
1 Soc/Com Sv Coord-S (NW Regional Placement Supervisor)
1 Soc/Com Sv Coord-B (Recruitment Specialist)
21 Admin/Ops Manager II (County Office Manager)

Total In Pay Band Requests for Protective Services: 394

Please note that the In Pay Band requests for Juvenile Justice employees will be forthcoming. I thank you for your time and consideration of this request. Should you have any questions or require additional information, please feel free to contact me directly.

Thank you,
Terese

Terese Vigil
HR Manager
Children, Youth and Families Department
P.O. Drawer 5160
Santa Fe, NM 87502
Office (505) 827-7945
Cell (505) 490-2444
Fax (505) 827-8028
terese.vigil@state.nm.us

Report suspected child abuse or neglect by calling #SAFE (#7233) from a cell phone or 1-855-333-SAFE.

Confidentiality Notice: This e-mail, including all attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited unless specifically provided for under the New Mexico Inspection of Public Records Act. If you are not the intended recipient, please contact the sender and destroy all copies of this message.

Work Location Job Information Job Labor Payroll Salary Plan Compensation

Francisca Garcia-Quintana

EMP

ID: 321525

Empl Rcd #: 0

Compensation

Find First 2 of 17 Last

Effective Date: 01/03/2015

Effective Sequence: 0

Job Indicator: Primary Job

Action / Reason: Pay Rt Chg

In-Pay Band Adjustment

History

Compensation Rate:

2,497.19 USD

Frequency:

B

Biweekly

▼ Comparative Information

Change Amount:

51.841360 USD Biweekly

Compa-Ratio:

1.19

Change Percent:

2.120

Job Ratio:

97.93

▼ Pay Rates

Hourly

31.214847 USD

Monthly

5,410.573480 USD

Biweekly

2,497.187760 USD

Annual

64,926.881760 USD

Default Pay Components

Pay Components

Personalize | Find First 1 of 1 Last

Amounts	Controls	Changes	Conversion			
Rate Code	Seq	Comp Rate	Currency	Frequency	Percent	
1 NAHRLY	0	31.214847 USD	USD	H		

Calculate Compensation

Job DataEmployment DataEarnings DistributionBenefits Program Participation

Save

Return to Search

Notify

Previous tab

Next tab

Refresh

Update/Display

Include History

Work Location | Job Information | Job Labor | Payroll | Salary Plan | Compensation

Vigil, Terese, CYFD

From: Marcelli, Michael A., DFA
Sent: Friday, January 09, 2015 5:26 PM
To: Quintana, Helen T., CYFD; Vigil, Terese, CYFD
Cc: Fitting, Lisa M, CYFD
Subject: RE: CYFD In Pay Bands for Protective Services & Juvenile Justice Employees (1 of 2 Submissions)

Sensitivity: Personal
Flag Status: Completed

You have DFA approval, please work with SPO on HCM approvals.

Thanks,

Michael

*Received
Verbal approval
from SPO 1/14/15
[Signature]*

From: Quintana, Helen T., CYFD
Sent: Friday, January 09, 2015 3:32 PM
To: Marcelli, Michael A., DFA; Vigil, Terese, CYFD
Cc: Fitting, Lisa M, CYFD
Subject: RE: CYFD In Pay Bands for Protective Services & Juvenile Justice Employees (1 of 2 Submissions)

Yes! thank you!

Helen Quintana

Chief of Staff
Office of the Secretary
1120 Paseo de Peralta Suite 572
Santa Fe, NM 87502
(505) 827-7602
Helen.Quintana@state.nm.us

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From: Marcelli, Michael A., DFA
Sent: Friday, January 09, 2015 3:30 PM
To: Vigil, Terese, CYFD
Cc: Quintana, Helen T., CYFD; Fitting, Lisa M, CYFD
Subject: RE: CYFD In Pay Bands for Protective Services & Juvenile Justice Employees (1 of 2 Submissions)

All these positions will be covered by the \$838.OK?

5 Statewide Central Intake Supervisor
10 Statewide Central Intake Workers
1 Soc & Hum Sv Asst-B (Client Service Agent)
35 Soc & Hum Sv Asst-O (Client Service Agent)
1 Soc & Hum Sv Asst-S (Client Service Agent Supervisor)
1 Soc/Com Sv Coord-S (NW Regional Placement Supervisor)
1 Soc/Com Sv Coord-B (Recruitment Specialist)
21 Admin/Ops Manager II (County Office Manager)

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New Mexico State Personnel Office
Personnel Action Request Form

Current	Proposed
Classification: <input type="text" value="See attached spreadsheet"/>	Classification: <input type="text"/>
Pay Band: <input type="text" value="See attached spreadsheet"/>	Pay Band: <input type="text"/>
Position Number: <input type="text" value="See attached spreadsheet"/>	Position Number: <input type="text"/>
Hourly salary: <input type="text" value="See attached spreadsheet"/>	Hourly Salary: <input type="text" value="See attached spreadsheet"/>
Compa-Ratio (%): <input type="text" value="See attached spreadsheet"/>	Compa-Ratio (%): <input type="text" value="See attached spreadsheet"/>
Dollar amount of increase/decrease: <input type="text" value="See attached spreadsheet"/>	Proposed percent of increase/decrease: <input type="text" value="See attached spreadsheet"/>
Multiple components of pay (MCOP): <input type="checkbox"/> MLNG <input type="checkbox"/> SUPV <input type="checkbox"/> TPI <input type="checkbox"/> TREC <input type="checkbox"/> TSI <input type="checkbox"/> TRET	
Dollar amount of MCOP: <input type="text"/>	Percent of MCOP: <input type="text"/>

Employee Signature:

If this action results in a salary reduction, I hereby agree as identified above.

Internal comparison: list employees in the same classification to whom this employee should be compared. ☐ Additional Comparisons Attached

Name:	Position Number:	Hourly:	MCOP:	Total Salary:	Education:	# of years related experience:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Check the associated box: ☐ Associate zone (73% to 82.2%): training and/or actively learning new skills and competencies.
☐ Independent zone (82.3% to 114.6%): functions successfully without close supervision.
☐ Principle zone (114.7% to 127.0%): demonstrates mastery of skills and competencies.

Section 4 - Administrative Leave

Select the appropriate option:

☐ Disciplinary (complete section 3 above and section 5 to provide justification for request)

☒ Non-disciplinary (complete section 5 below to provide justification for request)

1st request (disciplinary) - granted by agency	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>
2nd request (disciplinary) - requires SPO approval	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>
3rd request (disciplinary) - requires SPO approval	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>
4th request (disciplinary) - requires SPO approval	Begin Date:	<input type="text"/>	End date - in the amount of 160 hours:	<input type="text"/>



New Mexico State Personnel Office
Personnel Action Request Form

Print name:

Annette Romero, AS Deputy Director

Date:

12/11/14

Cabinet Secretary/Agency Head
Signature:

Monique Jacobson for:

Print name:

Monique Jacobson, Cabinet Secretary-Designate

Date:

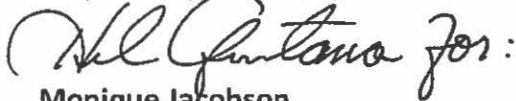
1/8/15

JJS took this approach to address historical turnover issues and reduce compaction as a result of the implementation of a hiring salary matrix (as opposed to previous hiring practice of an entry salary of \$12.15 regardless of education and experience).

In Protective Services, we used the approved hiring matrix to identify any caseworker staff who was below midpoint of the salary range. Those staff below midpoint were compared to the matrix and recommended to receive up to 5% increase based on where they should be compensated using the PS matrix. PS used the same methodology when increasing County Office Managers and the Client Service Agents.

We appreciate your consideration and approval of this plan as we anticipate this will have a positive impact on our retention strategies.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Monique Jacobson for:", written in a cursive style.

Monique Jacobson

Cabinet Secretary-Designate

CODE OF CONDUCT
Adopted April 25, 2011

ACKNOWLEDGMENT
(CLASSIFIED EMPLOYEES)



I, Francisca Garcia Quintana, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Susana Martinez on April 25, 2011. I agree to adhere to its terms and understand that violation of those terms constitutes cause for dismissal, demotion, or suspension.

Printed name: Francisca Garcia- Quintana

Signature: [Handwritten Signature]

Date: 7-14-14



CHILDREN, YOUTH & FAMILIES DEPARTMENT

ADMINISTRATIVE SERVICES

POLICIES AND PROCEDURES



VEHICLE USE ACKNOWLEDGEMENT

Effective Date: June 27, 2014

Overview: CYFD maintains an expectation that employees conduct themselves in a professional manner that preserves the public trust. This expectation extends to the use of state vehicles in the course of official agency business. Employees are required to adhere to established policies by the NM State General Services Department, Transportation Services Division, and the CYFD Vehicle Use Policies and Procedures.

Employee Acknowledgement

I have reviewed and understand the CYFD Vehicle Use Policies and Procedures #3.26 approved on April 10, 2012, and agree to abide by these policies and procedures. I have been given the opportunity to ask questions about any part of the policy that I do not understand. I furthermore understand that CYFD may delegate to me the authority to utilize state vehicle(s) on its behalf, for official business of the State of New Mexico, locally, out of town, or out of state, as designated by the CYFD Cabinet Secretary in the policies and procedures. Given that authority, I agree to accept responsibility for the proper use of the state vehicle entrusted to me solely for legal, authorized and eligible purposes, as defined by applicable federal, state and local laws and regulations in addition to CYFD policies and procedures. I understand that violation of these policies and procedures may be cause for discipline, up to and including dismissal.

Francisca Garcia-Quintana
Employee Name Printed

Date 7/14/14

SHARE Employee ID No 32/525

[Signature]
Employee Signature

Date 7/14/14

Department of Information Technology
Mobile Device Security and Usage Policy

ACKNOWLEDGMENT

I, Francisca Garcia-Cunha, acknowledge that I have received, reviewed, and understand the requirements contained with the Mobile Device Security and Usage Policy issued by the Department of Information Technology on May 2, 2014. I have had the opportunity to ask questions about any part of the policy I did not understand. I agree to adhere to its terms and understand that violation of those terms constitutes cause for discipline, up to and including dismissal.

Printed Name: Francisca Garcia - Cunha
Signature: [Handwritten Signature] Date: 7-14-14



**PERSONNEL ACTION REQUEST
EMPLOYEE SUPPORT SERVICES**

CYFD

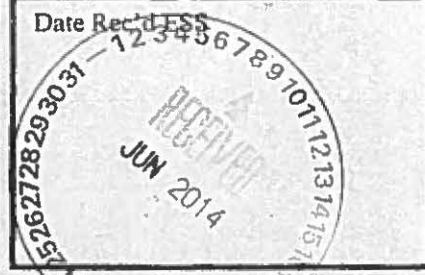
For Agency Use Only: SMART

PAR # (s):

Analyst:

Samaha

Date Rec'd ESS



Effective Date of Action: *6-22-14 6/6/14*

Section 1 - Employee/Position Information

Employee Name		National ID (SSN)		Employee ID	Work Schedule	
Francisca Garcia-Quintana				321525	8-5 M-F	
Current TOG or Manager Group Title	Current Job Class Code	Current Working Title		Current Pay Band	Current Pay Rate	Current Compa Ratio
CPS Invest. Supervisor	G10245	CPS Invest. Supervisor		75	<i>29676</i>	<i>1.52</i>
Current Department Number	Current Perm #	Current Org Level	Current Location	Current Position Status	Current Sort Code	
5040090000	8480	F	ESPANOLA	PERM	5105	
New TOG or Manager Group Title	New Job Class Code	New Working Title		New Pay Band	New Pay Rate	New Compa Ratio
New Department Number	New Perm #	New Org Level	New Location	New Position Status	New Sort Code	

Section 2 - Type of Action Requested for Employee or Position

Employee

- ☐ Hire (Retiree Reemployment? Yes ___ No ___)
☐ In-Grade Hire
☐ Promotion
☐ Class Reduction
☐ Transfer: From _____ To: _____
☐ Resignation
☐ Retirement
☒ Other (Please specify in "Remarks")

Position

- ☐ Advertise Position/Request Employment List
☐ Create Position
☐ Delete Position
☐ Transfer Position
☐ Location Change
☐ Tool Number Change
☐ Reclassify Position (Include PAQ)
☐ Other (Please specify in "Remarks")

Remarks: *EE for FY 14*

Section 3 - Requestor and Authorization

Supervisor Name & Signature <i>Paula Dominguez</i>	Telephone Number 505-753-7191	Title County Office Manager	Date <i>6-6-14</i>
Middle Manager Review Name & Signature <i>Francine Araya</i>	Telephone Number 575-758-8871	Title Field Deputy Director	Date <i>6-6-14</i>
Division Review & Signature <i>Shirley Ortiz</i>	Telephone Number	Title Deputy Director	Date <i>6/9/14</i>
Employee Support Representative Review & Signature <i>Terese Lopez</i>	Approval to proceed with request: NO YES <input checked="" type="checkbox"/> Date: <i>6/10/14</i>		

Employee Support Services Use Only

FLSA Status: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Bargaining Unit Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No (Send copy to Labor Relations Rep.)
Retiree Re-Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Action	Reason
Date	Initials
<i>6/11/14</i>	<i>JS</i>
Action	Reason
Date	Initials
Copy to Payroll/Benefits?	Retro Pay Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	Retro Start Date:

CODE OF CONDUCT
Adopted April 25, 2011

ACKNOWLEDGMENT
(CLASSIFIED EMPLOYEES)

I, Francisca Garcia-Quintana, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Susana Martinez on April 25, 2011. I agree to adhere to its terms and understand that violation of those terms constitutes cause for dismissal, demotion, or suspension.

Printed name: Francisca Garcia-Quintana

Signature: [Handwritten Signature]

Date: 7/5/13

**PERSONNEL ACTION REQUEST
EMPLOYEE SUPPORT SERVICES**

Children, Youth & Families Department



For Agency Use Only: SMART

PAR # (s):

Copy to all

Analyst:

Stella

Revised 09/28/2006

Date Rec'd ESS

RECEIVED
JUN 2013

Effective Date of Action: 6/22/13

Section 1 - Employee/Position Information

Employee Name Garcia-Quintana, Francisca		National ID (SSN)		Employee ID 321525	Work Schedule M-F 8 to 5	
Current TOG or Manager Group Title I-HS Pract Supv	Current Job Class Code G10250	Current Working Title I-HS Pract Supv		Current Pay Band 70	Current Pay Rate \$24.806	Current Compa Ratio 1.09
Current Department Number 5040010000	Current Perm # 32352	Current Org Level F	Current Location Espanola	Current Position Status Perm	Current Sort Code 5105	
New TOG or Manager Group Title CPS Invest Supv	New Job Class Code G10245	New Working Title CPS Invest Supv		New Pay Band 75	New Pay Rate \$28.5269	New Compa Ratio 1.11
New Department Number 5040010000	New Perm # 8480	New Org Level F	New Location Espanola	New Position Status Perm	New Sort Code 5105	

Section 2 - Type of Action Requested for Employee or Position

Employee

- ☐ Hire (Retiree Reemployment? Yes ___ No ___)
☐ In-Grade Hire
☒ Promotion
☐ Class Reduction
☒ Transfer: From _____ To: _____
☐ Resignation
☐ Retirement
☐ Other (Please specify in "Remarks")

Position

- ☐ Advertise Position/Request Employment List
☐ Create Position
☐ Delete Position
☐ Transfer Position
☐ Location Change
☐ Tool Number Change
☐ Reclassify Position (Include SDF)
☐ Other (Please specify in "Remarks")

Remarks:

Section 3 - Requestor and Authorization

Supervisor Name & Signature	Telephone Number	Title	Date
Middle Manager Review Name & Signature Paula Dominguez	Telephone Number (505) 753-7191	Title COM	Date 6/24/13
Division Review & Signature Trish Ortiz	Telephone Number 827-8452	Title Division HR Coordinator	Date 6/25/13
Employee Support Representative Review & Signature	Approval to proceed with request: NO YES Date: 6/25/13		

Employee Support Services Use Only

FLSA Status: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Bargaining Unit Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No (Send copy to Labor Relations Rep.)
Benefits Elig? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Retiree ReEmployment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Action	Reason
Date	Initials
Remarks: <i>Remove MLIVE on # 32352</i>	
Action	Reason
Date	Initials
Copy to Payroll/Benefits?	Retro Pay Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	Retro Start Date:

Ortiz, Trish A. A., CYFD

From: Valencia, Frances, CYFD
Sent: Thursday, June 13, 2013 10:40 AM
To: Ortiz, Trish A. A., CYFD
Subject: FW: F Garcia- Quintana

From: Valencia, Frances, CYFD
Sent: Thursday, June 13, 2013 9:08 AM
To: Ortiz, Trish A. A., CYFD
Subject: F Garcia- Quintana

Hello Trish,

This is to inform you that the Promotional Increase for Francisca Garcia-Quintana (CPS Investigation Sup.) has been approved with an hourly rate of \$28.5269. The packet is now ready for the PAR and has been placed on the bookshelf for pick up.

Frances Valencia, HR Generalist
CYFD/Human Resources
P.O. Drawer 5160
Santa Fe, NM 87502
5051827-7626
FAX 5051827-8028
E-mail: frances.valencia@state.nm.us
ESS Helpdesk (505) 827-3998

Report suspected child abuse or neglect by calling #SAFE (#7233) from a cell phone or 1-855-333-SAFE.

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SPO Use Only

Date logged _____

Date agency notified _____

New Mexico State Personnel Board Promotional Increase



Section 1: AGENCY INFORMATION (to be completed by Agency Personnel)

Business Unit Name and Code: CYFD Protective Services (690-50)

HR contact: Frances Valencia

HR tel number: 827-7626

HR e-mail address:

frances.valencia@state.nm.us

Requested by
supervisor/manager: Paula Dominguez

Tel number: 505-753-7191

Current Information

EMPLOYEE: Francisca Garcia-Quintana

Employee ID: 321525 ✓

Classification: I-H Practitioner Supervisor

Pay Band: 70

Bargaining Unit Covered Position:

☒ Yes☐ No

Position #: 32352

OL#: 5040010000

Hourly salary: \$ 24.8706 ✓

Compa-ratio: 1.09

Supervisory Information

Supervisory Hourly Salary: \$

Total Hourly Salary: \$

Compa-ratio:

Proposed Information

Classification: CPS Investigation Supervisor

Pay Band: 75

Bargaining Unit Covered Position:

☒ Yes☐ No

Position #: 8480

OL#: 5040010000

Hourly salary: \$ 28.5269 ✓

Compa-ratio: 1.03

Dollar amount of increase: \$3.72

Percent of increase:

15 %

Effective date:

6/22/13

Proficiency Zone

☐ Associate Zone (training/learning job): to 81.4%

× Independent Zone (fully competent in job): 81.5-115.0%

☐ Principal Zone (contribution significantly beyond the norm in job): 115.1% & above

Salary upon promotion, Subsection D of 1.7.4.12 NMAC

D. Upon promotion, an employee's salary, subject to budget availability should reflect appropriate placement within the pay band. A salary increase of less than five percent (5%) or greater than fifteen percent (15%) shall require approval of the director. A salary increase greater than fifteen percent (15%) to bring an employee's salary to the minimum of the pay band or less than five percent (5%) to prevent an employee's salary from exceeding the maximum of the pay band does not require the approval of the director. The salary of a promoted employee shall be in accordance with Subsection B of 1.7.4.11 NMAC.

SALARY SCHEDULES, Subsection B of 1.7.4.11 NMAC

B. No employee in the classified service shall be paid a salary less than the minimum or greater than the maximum of their designated pay band unless otherwise authorized by the director, or provided for in these rules, or the employee has been transferred into the classified service by statute, executive order, or order of a court of competent jurisdiction.

DEFINITIONS, Subsection C of 1.7.4.7 NMAC

C. "Appropriate placement" means those elements to be considered in determining pay upon hire, promotion, transfer or reduction including the employee's education, experience, training, certification, licensure, internal pay equity, budgetary availability and, when known and applicable, employee performance.

Compa-ratio means pay expressed as a percentage of the midpoint of a pay band.

(To calculate divide hourly salary by the midpoint of the pay band)

Section 2: RATIONALE FOR THE SALARY PROPOSED (to be completed by Agency Personnel)

Minimum Qualifications:	Employee Qualifications:
Education: Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice, or Family Services from an accredited college/university.	Education: NNMCC Associate Degree in Human Services Highlands University Magna Cum Laude with Bachelors degree in Social Work and Masters Degree in Social Work State Licensure LMSW
Experience: Four (4) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care is required for this position.	Experience: Years <u>14</u> Months _____ Supervision: Years _____ Months _____ Management: Years _____ Months _____

Licensure: LMSW #M-00000000

The minimum qualifications for this position are a Bachelor's Degree in Social Work, Education, Counseling, Psychology, Sociology, Criminal Justice, or Family Services from an accredited college/university. Four (4) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care is required for this position. Candidate must also possess a current license (LBSW, LMSW or LISW) to practice as a social worker in New Mexico or eligibility for such licensure in accordance with New Mexico requirements.

Francisca Garcia-Quintana obtained her Associate Degree in Human Services in Dec. 1996 from NNMCC, Bachelors Degree in May 1999 and Master's Degree in Social Work from NMHU in May 2001. She has been an In House Services Supervisor since Nov 2011. In this position she gained experience on providing case management services to families in need of assistance, worked with families in poverty, children and their families struggling with mental health issues, behavioral health and severe emotional disturbances, abused and neglected children and adoptive and biological families with issues of substance abuse. She has knowledge of the FACTS data base, policies and procedures, knowledge of competing the Dept. SDM;s, Treatment Plans, In Home and Out of Home Safety Plans, and EDF funding.

Prior employment history was with Las Cumbres as an Aide, Behavior Manager - Case manager of Residential Services/Care Coordinator - Treatment Foster Care Coordinator (TFC)/supervisor at St. Francis Academy Mental Health, and Rio Arriba Maternal and Child Health Council. In this position she has investigated allegation of abuse/neglect, provided family with resources, prepared court documents, assisted parents with the plan of reunification, and assisted supervisor with other duties when needed.

Based on this candidate's education and experience, it is anticipated that she will perform the duties of this job in the independent zone.

Section 3: REQUIRED SIGNATURES (to be signed by the requesting supervisor/manager)

Supervisor/Manager (Print Name): Paula Dominguez, COM	Date:
PSD Director Jared Rounselle	6/7/13
ASD Director Renada Peery-Galon	Date: 6/11/13

Section 4: INTERNAL COMPARISON (to be completed by Agency Human Resources)

Internal Comparison: List the employees in the same Classification to whom this employee should be compared.

Name(s)		Hourly Salary	TRD (if applicable)	Total Salary	Education	# years related experience
Candidate	Francisca Garcia-Quintana	28.53		28.53	MSW/Licensed	14 years
Employee	Cheryl Lynn (Santa Fe)	25.18		25.18	BSW/Licensed	15 years
Employee						

Section 5: REQUIRED DOCUMENTATION/VERIFICATION (to be completed by Agency Human Resources)

Yes	No	Required Documentation
X		Is a copy of the Job Related Qualification Standards/Job Order Form attached?
X		Is a copy of the applicant's application/resume attached?

Section 6: HUMAN RESOURCE RECOMMENDATION (to be completed by Agency Human Resources)

Provide details as to why you recommend approval of this action. If you have an alternate recommendation, please indicate below:

Based on Ms. Garcia-Quintana's experience, it is anticipated that this applicant will perform the duties of this position in the Independent Zone; a compa ratio of 1.03¹¹ is warranted.

HR Manager (Print Name):

Terese Vigil

HR Manager Signature:

Date:

Terese Vigil 6/11/13

☒ Approval

☐ Approval of alternate salary of \$ _____ Compa/ratio _____

☐ Disapproval

For State Personnel Office Use ONLY

Reviewed by:

Date:

Approved by:

Date:

Notes (as needed)

EDUCATION

- 5/1993 Graduate of Escalante High School, Tierra Amarilla, N.M.
8/93-12/96 Attended N.N.M.C.C. and graduated with High Honors with Associate Degree in Human Services.
1/97-5/99 Attended Highlands University and Graduated Magna Cum Laude with Bachelors Degree in Social Work.
5/00-5/01 Attended Highlands University and Graduated with a Masters Degree in Social Work.
9/01 Passed State Licensure and received license (LMSW). I am ready to take LISW licensure test.

WORK EXPERIENCE

- 5/94-current Step-parent of step-daughter, and step-sons, I have a Grand-daughter
- 1/95-5/99 In partnership with 2 other women, I helped start a Student Outreach Program at Northern New Mexico Community College. I assisted students who were struggling with daily life issues and access community service programs.
- 3/96-1/01 I completed the Santa Fe Rape Crisis Advocate Training. In partnership with 3 other women; we began a grassroots organization called NO MAS. I served as a volunteer Rape Crisis Advocate for 5 years. Duties included: being on call to respond to State, City, County, and Tribal police departments, NNM Crisis Center, and Espanola Hospital. I supported rape victims through the rape kit process, provided advocacy, clothing, assisted in obtaining orders of protection, and attended court hearings with the victim. I trained local police department officers in the different forms of rape/abuse and the procedures for contacting advocates. I acquired donations from local businesses and community to purchase cell phones for advocates. I did PSA's via radio. I received a certificate from Secretary of State Stephanie Gonzales for exemplary dedication and This work led to the opening of the Espanola Branch of the Santa Fe Rape Crisis Center and was named NO MAS. This program was open for many years until the SANE unit was made in Santa Fe.
- 1995-1996 I completed 150 hour internship at Vistas Del Sol, Tierra Amarilla, N.M. I worked with the elderly and mentally ill. Duties included: case management, referrals, teaching daily living skills, documentation, assessments, and provided client transportation.
- 1996-1997 I worked at Las Cumbres as an Aide at the therapeutic after school program. Duties Included: working with emotionally disturbed children ages 6-12.
- 1998-99 Behavior Manager at St. Francis Academy Mental Health/Mental health program for children ages 5 to 17. Duties included Behavior Management with children, ages 3-18, who suffered with severe emotional disabilities, learning disorders, and developmental disabilities, and behavioral disturbances. I worked with the child and family in the home, classroom, and special education classrooms.
- 1999-2011 Treatment Foster Care Coordinator (TFC)/Supervisor at St. Francis Academy. Duties Included: case management, treatment planning, supervision of treatment foster parents and TFC staff, billing, home visits, documentation, supervising visitations between children and their biological families, permanency planning, obtaining and tracking billing authorizations of all TFC staff, etc. I worked with child who suffered from severe emotional disabilities, learning disorders, behavior disorders, and children who suffered

from various between the ages of 6-18.

- 1/01-9/01 Case Manager of Residential Services/Care Coordinator at St. Francis Academy. Duties Included: supervision of TFC staff and foster parents, supervising all staff billing authorizations, mental health assessments and diagnosis of youth ages 12-18. I assessed male juveniles, at detention centers, for placement in the RTC. I assisting families with case management, competing the Medicaid process/applications, obtaining authorizations for services from Medicaid and the CYFD panel, documentation, maintaining records, case file auditing. I assuring State Licensing Standards were met and updated, and I conducted training for TFC parents and staff. Care Coordination duties included training, monitoring staff training activities, insuring compliance with organizational policies and standards, and maintained current knowledge of all funding sources. I ensured that clinical standards (to include CYFD, JACHO, and HMO's) were being met, monitored staff productivity, and served the Performance Improvement Coordinator by reviewing records, risk management, program quality assurance, and conducted internal investigations.
- 9/01- 3/03 Rio Arriba Maternal and Child Health Council (RAMCHC) Director. Duties included: administration of the RAMCHC, to include, managing the budget and reporting requirements, convening the RAMCHC meetings on a monthly basis, carrying out approved and assigned tasks of the RAMCHC. I was responsible for timely preparation and distribution of minutes to all council members, keeping all RAMCHC records, maintained close contact with state agencies and other council agencies regarding RAMCHC funding and activities, and I reporting to the Director of Health and Human Services. I worked to reducing the duplication of health care efforts in Rio Arriba, increased collaboration, presented to Rio Arriba County Commissioners, recruited council members, conducted council orientations, health planning, and advocacy on the behalf of women, children and their families in Rio Arriba County. I assisted in coalition building and grant writing.
- 1/04-2/05 I completed a contract with North Central Community Based Services in Chama, N.M. I provided Mid-Level Family Preservation Services for families whose children had been removed by CYFD and reunified with their families or children who were at risk of being removed from their home.
- 1/04-6/05 I completed a contract with Children, Youth, and Families Department to conduct the PRIDE trainings to foster parents from Taos.
- 7/05-10/05 I completed a contract with the Rio Arriba Juvenile Justice Board (RAJJB), in partnership, with Espanola Public Schools to create the Espanola Public Schools district wide *Guidelines to Truancy Prevention and Attendance Policy Manual*.
- 3/03-8/09 Family and Youth Resource (FYR) Coordinator/Truancy Prevention Officer through the RAJJB, in partnership with the Espanola Public Schools. Duties included: all administrative duties of the FYR and truancy prevention program, supervision of all school staff in regards to the attendance policies and , tracked truant students, conducted home visits, and assessed reasons for truancy. I coordinated meetings with the parents, students, school staff, community and the school based providers to resolve issues of truancy, meet regularly with the RAJJB, community providers, Española Public School administrator and school board members. I provided case management and

referred clients to community based services, such as, JPPO, CYFD, ISD, transportation services, and health services, ISD, mental health organizations. I referred students to school based services, such as to the School Nurse, Principal, School Counselor, special education department, tutoring services, etc. I worked closely with community based services to refer students who displayed behavioral and/or mental health issues to services. I conducted meetings with students and their families to discuss behavior and/or mental health issues and made all the referrals for needed community or school based services mentioned above. Other duties included: grant management/ reporting, creating program forms and brochures in English and Spanish. I trained all school staff on coding reasons for absences, trained all staff on the school PAWS attendance database usage, created all the program brochures/flyers, and distributing health related educational materials for students, parents, and staff. I facilitated 8 week "Girls' Circle" groups for 6th grade girls at TEQ Sombrillo Elementary. I coordinated weekly grief groups and coordinated one to one mentoring with students by students from Northern New Mexico College Service Learning Program/Mentoring Program.

- 4/08-7/08 I completed a contract with Rio Arriba Health & Human Services Dept. and coordinated two Community Health Fairs. I held one in the Northern Region of Rio Arriba County and one in the Southern Region of RA County.

- 7/06-3/09 I completed contracts with Rio Arriba County/RAJJB to facilitate "Girls' Circle" groups for girls who were on formal and/or informal probation with the Rio Arriba JPPO.

- 8/09-8/10 State of NM Children's Youth and Families Department-Child Abuse Investigator. I investigated parents and caregivers alleged to be abusing or neglecting their children. I conducted interviews, documentation, FACTS database input, held FCM's, legal cases, attended court hearings, and worked closely with various social and community service programs and Law Enforcement.

- 8/10-10/10 Career Counselor at Espanola Valley High School. I was hired to assist students in career planning, scholarship searches, financial aid, college applications, ACT testing, scholarship essays, college/career fairs, counseling, class presentations, conduct school credit checks, transcripts reviews, and to start a career center at the high school. I soon realized that the students would not be allowed to meet with me due to not having any time in the school day to meet due to tight class attendance schedules. I decided to return to CYFD to work with children and their families instead of grades and making class schedules.

- 11/10-11/11 In Home Services Practitioner at CYFD/PS in Rio Arriba/Los Alamos Counties. Duties include: FCM participation and referrals, I-HS staffing, I-HS transfers, 72 hour home visits, weekly home visits, SDM's, assessing child safety, assessing caregiver capacities, assessing risk and needs, documentation, filing legal cases, investigation, providing guidance/training to the new I-HS worker, supervising interns from NNMC and NM Highland University, de-escalating irate clients, referring clients to community based services, close collaboration and communication with community based services, completing all I-HS referral packets/forms/well being assessments, creating treatment plans, participating in weekly I-HS Supervision staffing, and completing In Home and Out of Home Safety Plans and agreements. I conduct CA/N and NM Court checks on safety monitors, FACTS work, and I work closely with the investigation, permanency, and adoptions units. I work closely with the CSA's, CCA, Management and office staff,

and attend monthly staff meetings. I know the I-HS policies and legal procedures well.

11/11-Current In Home Services Supervisor at CYFD/PS in Rio Arriba/Los Alamos Counties. Duties include Supervising two In Home Services Practitioners and two Client Services Agents, completing monthly reports for I-HS program, weekly supervision of Practitioners, supervising interns from Northern New Mexico College and Highlands University, weekly management meetings, quarterly regional supervisor meetings, on-call supervisor for investigations every three weeks, and supervising investigations and assigning all investigations every other week for a week at a time. Supervising all the investigations I assign. Supervising supervised visits with biological parents and their children for legal cases when coverage is needed. I also do all the relinquishment counseling for Rio Arriba/Los Alamos Counties and other counties as requested. Attendance at FCM's. Participate in yearly QA Reviews as a reviewer.

WORKSHOPS

See attached professional and developmental activities page.

Civic Participation

- *Vice President of Student Outreach Organization at NNMCC from 1995-96
- *9/01-3/03 Secretary of Rio Arriba County 4-H Advisory Committee
- *9/01-3/03 Northern New Mexico Grief Support Center: Hogar de Paz Board Member
- *9/01-3/03 Safe Kids of Rio Arriba Board Member and Secretary
- *6/02-1/03 Facilitator of Northern Rio Arriba Health Coalition in Tierra Amarilla, NM
- *2/02-3/03 Secretary of Espanola Suicide Awareness Coalition
- *2001-02 Received numerous certificates of appreciation from community based partners to include assisting the R.A. County DWI program for assisting in reducing DWI in 2002 and the R.A. 4-H Program.
- *4/03-9/05 Secretary of the Rio Arriba County Juvenile Justice Board
- *2003-06 Community Partner with Northern New Mexico College Service Learning Program. I was invited by Human Services Dept. Chair, Dr. Mellis Schmidt, to attend a Service Learning Workshop in Washington, DC. I organized partnership to bring mentors into schools in 2006, and I was invited to be the guest speaker at the Service Learning Banquet at NNMCC.

Supplemental Experience

- *Knowledge of using office setting and equipment. I type 60 words a minute, and I have very good computer and social skills.
- *I am experienced in using the FACTS database at CYFD.
- *I enjoy working with organizations, coalitions, community members, children, youth and families, and I am very good at establishing positive relationships.
- *Yearly QA reviewer.
- *Extensive home visiting experience.
- *Extensive knowledge of community based services in Rio Arriba and Los Alamos Counties.

SUPPLEMENTAL TRAINING

- Nov. 16, 2009 Certificate from State of NM CYFD for completing 35.50 hours training in Basic CPS Legal CORE.
- Nov 20, 2009 Certificate from State of NM CYFD for completing 15 Modules in PS Basic Core Training, legal, FACTS, and on the job training.
- November 2010 Attending the State of NM PS Supervisor CORE Training.
- May 12-13, 2010 Certificate for attending 10 hour Protective Services Annual training.
- June 9, 2010 Certificate from State of NM CYFD for completing 6 hours of cultural competence training.
- July 7, 2010 Certificate from Eight Northern Indian Pueblos for completing 8 hours of Advanced Law Enforcement Domestic Violence Training.
- December 2, 2010 Certificate from State of NM CYFD for completing 15 hours In Home Services Specialized Training.
- September 2, 2011 Certificate from New Mexico Highlands University for attending the Field Instructor Training.
- January 2012 Certificate for attending the 2013 Children's Law Institute Workshop
- February 10, 2012 Certificate of Completion from State of NM CYFD for attending training on "How Trauma Affects Our Kids."
- August 20, 2012 Certificate from New Mexico Highlands University for completing field the Field Instructor Orientation,
- October 30, 2012 Certificate for attending the Pinion Coaching and Mentoring Training.
- November 29, 2012 Certificate for State of NM CYFD for attending the NM Association of Social Work Supervisors Fall Conference 2012.
- January 9-11, 2013 Certificate for attending the 2013 Children's Law Institute Workshop.
- Yearly participation in QA Reviews. Last participation date was April 15-17th in San Miguel County.

State of New Mexico
CHILDREN, YOUTH AND FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR



YOLANDA BERUMEN-DEINES
CABINET SECRETARY

JENNIFER PADGET
DEPUTY CABINET SECRETARY

APPLICANT REFERENCE CHECK
AUTHORIZATION AND RELEASE

I, Francisca Garcia-Quintana, wish to be considered for employment with the Children, Youth and Families Department (CYFD). I hereby authorize CYFD and its agents to inquire about and verify all statements contained in my employment application and to obtain information concerning my qualifications as a prospective employee. Further, I authorize CYFD to contact each of my former employers and the references I have provided. I also authorize each of my former employers and references to give CYFD any and all information concerning my previous employment and any pertinent information they may have regarding my work performance, whether such information is favorable or unfavorable to me. I hereby fully release all such persons and entities from all liability with respect to furnishing information to CYFD, and waive any claims I may have against them with respect to the release of such information. I also authorize CYFD to release such employment information as necessary to those employees and agents of CYFD who require such information to review or to make a decision with respect to any matter pertaining to my employment.

I acknowledge that I have read this authorization and release, fully understand it and voluntarily agree to its provisions.

Dated: 5/30/13

Francisca Garcia-Quintana
Applicant's Printed Name


Applicant's Signature

Licensee Details**Demographic Information**

Title: First: Francisca	Middle: Loyola	Last: Garcia-Quintana	Suffix:
Name: Francisca Loyola Garcia-Quintana	Owner:		
Home State: 532			

Address Information

City:	State:	Zip:
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License Information

DBA:				
Lic #: M-04859	Profession: Social Work Examiners	Type: Licensed Masters Social Worker	Secondary:	
Status: Active	Issued: 9/11/2001	Expiry: 7/1/2013	Effective: 9/11/2001	
Reason: License Issuance	Date: 9/11/2001	Renewed: 6/28/2011	Deg. Suff:	
Method: upgrade from provisional	State:	Country:	LOA Issue:	
Appealed:	Result:	Effective:	LOA Expiry:	

Prerequisite Information

No Prerequisite Information

Education Information

School: Highlands University				
Profession: Social Work Examiners	Type: Accredited Social Work Programs	Major:	Certificate: Master of Science	
Date From:	Date To:	Credit Hours:	Specialty:	

Employment Information

No Employment Information

Specialty Information

No Specialty Information

Violation Information

No Violation Information

Discipline Information

No Discipline Information

Limits/Restriction Information

No Limits/Restriction Information

License Bond Information

No License Bond Information

License CSR Information

No License CSR Information

Respondent License Information

No Respondent License Information

CheckList Information

No CheckList Information

Related Documents

No Related Documents

CERTIFICATE NO:

DATE ISSUED:

INTERVIEW DOCUMENT FORM

INSTRUCTIONS: Supervisor or interviewer completes by documenting efforts to contact applicant.

NAME OF APPLICANT: Francise Garcia-Quintana		CLASS TITLE: Investigations Supervisor #8480		SUPERVISOR/INTERVIEWER: Paula Dominguez	
ACTIONS				RESULTS AND/OR COMMENTS	
COLUMN A ATTEMPT TO CONTACT FOR INTERVIEW				<i>• Applicant had good knowledge with the intensity of CPS</i> <i>• Detail oriented</i> <i>• Dependable and reliable</i> <i>• Applicant was straight forward and well spoken</i>	
<input type="checkbox"/> BY PHONE		TIME CALLED:	DATE CALLED:		
<input type="checkbox"/> BY MAIL OR TELEGRAM		TIME CALLED:	DATE CALLED:		
<input type="checkbox"/> REGISTERED MAIL <input type="checkbox"/> REGULAR MAIL <input type="checkbox"/> TELEGRAM		DATE SENT:			
COLUMN B RESPONSE FROM APPLICANT					
<input type="checkbox"/> BY PHONE <input type="checkbox"/> BY PERSON		TIME: 2:00pm	DATE: May 29, 2013		
<input type="checkbox"/> BY MAIL <input type="checkbox"/> BY TELEGRAM		DATE SENT:	RECEIVED:		
COLUMN C RESULT OF CONTACT					
<input type="checkbox"/> DECLINED-NO LONGER AVAILABLE <input type="checkbox"/> DOES NOT WISH TO WORK FOR THIS AGENCY <input type="checkbox"/> NOT AVAILABLE FOR GEOGRAPHIC LOCATION <input type="checkbox"/> DECLINED THIS POSITION ONLY					
TIME:		DATE:			
COLUMN D RESULT OF SCHEDULED INTERVIEW					
<input type="checkbox"/> FAILED TO APPEAR <input checked="" type="checkbox"/> SELECTED <input type="checkbox"/> INTERVIEWED BUT NOT SELECTED					
SIGNATURE: _____ DATE: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> PERSONNEL OFFICER </div>					
APPLICANTS NOTIFIED OF RESULT OF INTERVIEW:					
<input type="checkbox"/> BY MAIL		DATE SENT: _____			
<input type="checkbox"/> NOT NOTIFIED		_____			
SIGNATURE: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <i>Paula Dominguez</i> 5-31-13 </div> <div style="display: flex; justify-content: space-between; width: 100%;"> SUPERVISOR/INTERVIEWER DATE </div>					

NOTICE OF VACANT POSITION



Job Title: CPS INVESTIGATION SUPERVISOR – Position #8480
Requisition #: 2013-01387
Posting Dates: 4-21-13 (Continuous)
Location: Espanola
Full/Part Time: Full-Time
Regular/Temp: Regular PERM State

Salary: The salary range for this position is \$18.35 min to \$32.63 max hourly (pay band 75). Offered salary is determined based on education and experience.

Agency Mission & Description: CYFD believes in the strengths and resiliency of families who are our partners and for whom we advocate to enhance their safety and well-being. We respectfully serve and support children and families and supervise youth in a responsive community-based system of care that is client-centered, family-focused, and culturally competent.

Purpose of Position: Incumbent will supervise a unit of workers investigating child abuse referrals, assessing the risk and safety of the child and taking appropriate action, providing testimony in court, and preparing cases for transfer to CPS Permanency Planning.

Minimum Qualifications: A Bachelor's Degree in Social Work from an accredited college/university and four (4) years of any combination of experience including working with communities, working on health or social service related matters, social work/case management experience, behavioral health and/or health care. Must possess a current license (LBSW, LMSW or LISW) to practice as a social worker in New Mexico or eligibility for such licensure in accordance with New Mexico requirements. **If you have indicated in your application that you have an education higher than a high school diploma or GED, you must attach a copy of your unofficial transcript to the application and they must include a degree award date. Your application WILL NOT be considered for further review if you have failed to provide this information.**

Employment Requirements: Must maintain a valid New Mexico Driver's License and must have own mode of transportation for daily client related travel. Pre-employment background investigation is required and some statewide travel is required.

Statutory Citation: All applicants for this position must be licensed in accordance with the Social Work Practice Act, Sections 61-31-1 through 61-31-25 NMSA 1978, and 16.63.1 through 16.63.20 NMAC, as applicable.

Working Environment: Work is performed in an office setting with exposure to Visual/Video Display Terminal (VDT) and extensive personal computer and phone usage. Possible exposure to irate clientele. Incumbent will work under stress and frequent time constraints.

Agency Contact: Paula Dominguez, COM, (505) 753-7191

You must go to the SPO website under Employment/Job Opportunities to apply for this position.

ACKNOWLEDGEMENT OF FLSA STATUS

Employee Name: Francisca Garcia-Quintana

Job Title: CPS Investigations Supv #8480

Please read and sign in the appropriate space below.

In accordance with the Fair Labor Standards Act, the FLSA status for your position has been determined by a comprehensive analysis of the specific job description and duties, and not determined by the job title. Should you feel your FLSA status has been incorrectly determined, you have the right to appeal this decision in writing to the CYFD/Employee Support Division, Deputy Director. A current Position Assignment Questionnaire (PAQ) must accompany an appeal, and include your signature as well as your supervisor's signature.



FLSA Exempt Status – I understand that I am exempt from overtime pay.

Exempt status does not entitle you to any form of overtime compensation. However, Children, Youth, and Families Department has determined that employees who are exempt from the Fair Labor Standards Act shall receive compensatory time on a straight time basis for all authorized overtime work in excess of 80 hours during a pay period.

Signature

Francisca Garcia-Quintana

Date

6/17/13



FLSA Non-Exempt Status – I understand that I am non-exempt, covered for overtime pay.

Non-exempt status entitles you to overtime compensation at a rate of not less than one and one-half times your regular rate of pay, for each authorized hour worked in a workweek in excess of 40 hours.

Signature

Date

For more information regarding compensation for overtime, please refer to the State Personnel Board Rule, NMAC 1.7.4.15 and Children, Youth, and Families Department Policies and Procedures, Part 4.4.

CHILDREN, YOUTH & FAMILIES DEPARTMENT
PROTECTIVE SERVICES

DOCUMENTATION OF SELECTED CONDITIONS OF EMPLOYMENT
FOR ALL LICENSED PROTECTIVE SERVICE WORKER POSITIONS

This form is intended to document specific conditions of employment that are requirements of certain jobs. These specific conditions are in addition to those conditions set forth in the job related qualification standards and position assignment questionnaire of the particular job and those conditions of employment which are universal for all state employees in general and employees of the Children, Youth and Families Department in particular. This form is not intended, therefore, to document all conditions of employment.

REQUIREMENT TO USE A PERSONAL VEHICLE

I understand that the Children, Youth & Families Department has insufficient state vehicles to meet its needs. Therefore, as a condition of employment, I will be required to furnish a personal vehicle for carrying out my assignments which may include transporting clients including children. I further understand that my personal vehicle and my operation of it must be in compliance with all applicable State of New Mexico statutes and regulations.

SOCIAL WORK LICENSURE

I understand that maintaining my social work license is a requirement of my position. I also understand that if I am hired while my application for licensure is being processed by the NM Board of Social Work Examiners, I may not practice social work. I also understand that if I fail the social work exam after two attempts, I will be dismissed from my position. In addition, if at any time I am unable to maintain my social work license, I understand that this may result in disciplinary action including dismissal.

SIGNATURE

I am obligated to abide by the conditions listed above as long as I am employed in this position or laterally transfer or promote to another licensed social work position within Protective Services. I understand that the conditions of employment I have accepted are a requirement of this position. I further understand that failure to carry out the obligations set forth in the conditions of employment may be cause for disciplinary action, including dismissal.

SIGNATURE: Francisca Garcia-Quintana DATE: 6/17/13

EMPLOYEE NAME (PRINT): Francisca Garcia-Quintana	SOCIAL SCURITY NUMBER:
JOB WORK TITLE: CPS INVESTIGATION SUPERVISOR	ORG. UNIT/LOCATION: F/ESPANOLA, NM



State of New Mexico

Civil Rights FY13 Acknowledgement Statement



Acknowledgement

In accordance with the requirements of Governor Susana Martinez for state of New Mexico state government employees, my signature below hereby certifies that I have completed the training **Civil Rights FY13**.

Signature

Francisca Garcia - Quintana

Name (Printed)

Francisca Garcia - Quintana

Signature

1/30/13

Date

CYFD/PSD

NM State Department/Agency

Forward the signed Acknowledgement statement to your appropriate NM Department/Agency management to be placed in your personnel file.

Maintain a copy of the signed form in your local office files.

**PERSONNEL ACTION REQUEST
EMPLOYEE SUPPORT SERVICES**

Children, Youth & Families Department

CYFD
NEW MEXICO

For Agency Use Only: SMART

PAR # (s): _____

Analyst: frances

Revised 09/28/2006

Date Rec'd ESS



Effective Date of Action: 11-27-12

Section 1 - Employee/Position Information

Employee Name		National ID (SSN)		Employee ID	Work Schedule	
FRANCISCA GARCIA-QUINTANA				321525	M-F 8-5	
Current TOG or Manager Group Title	Current Job Class Code	Current Working Title		Current Pay Band	Current Pay Rate	Current Compa Ratio
I-HS Dir. Sup.	B9151A	I-HS SUPV		70	24.81	1.09
Current Department Number	Current Perm #	Current Org Level	Current Location	Current Position Status	Current Sort Code	
5040010000	32352	F	Espanola	PERM	5105	
New TOG or Manager Group Title	New Job Class Code	New Working Title		New Pay Band	New Pay Rate	New Compa Ratio
New Department Number	New Perm #	New Org Level	New Location	New Position Status	New Sort Code	

Section 2 - Type of Action Requested for Employee or Position

Employee

- ☐ Hire (Retiree Reemployment? Yes ___ No ___)
☐ In-Grade Hire
☐ Promotion
☐ Class Reduction
☐ Transfer: From _____ To: _____
☐ Resignation
☐ Retirement
☒ Other (Please specify in "Remarks")

Position

- ☐ Advertise Position/Request Employment List
☐ Create Position
☐ Delete Position
☐ Transfer Position
☐ Location Change
☐ Tool Number Change
☐ Reclassify Position (Include PAQ)
☐ Other (Please specify in "Remarks")

Remarks: Final ME for FY13

Section 3 - Requestor and Authorization

Supervisor Name & Signature Paula Dominguez <u>Paula Dominguez</u>	Telephone Number 505-753-7191	Title County Office Manager	Date 11-28-12
Middle Manager Review Name & Signature Carmela Alcon <u>Carmela Alcon</u>	Telephone Number 505-753-7191	Title NE Regional Manager	Date
Division Review & Signature Trish Ortiz <u>Trish Ortiz</u>	Telephone Number 505-827-8452	Title HR Coordinator	Date 4/8/13
Employee Support Representative Review & Signature <u>Benito Madrid</u>	Approval to proceed with request: NO YES		Date: 4/9/13

Employee Support Services Use Only

FLSA Status: ___ Exempt ___ Non-Exempt		Bargaining Unit Eligible? ___ Yes ___ No (Send copy to Labor Relations Rep.)	
Benefits Elig? Yes ___ No ___		Retiree ReEmployment? ___ Yes ___ No	
Action	Reason	Date	Initials
Entered		4-10-13	mp
Remarks:		SS: 11-27-12	
Action	Reason	Date	Initials
Copy to Payroll/Benefits?		Retro Pay Required: ___ Yes ___ No	
Date:		Retro Start Date: _____	



Employee Evaluation Performance Rating Descriptions

Performance Rating Area	Description
Customer Service	Works effectively with internal and external customers to achieve desired work results and maintain positive relationships.
Productivity/Dependability	Completes assigned work in a timely manner and meets established attendance requirements.
Interpersonal Skills	Establishes and maintains effective work relationships. Demonstrates good communication and listening skills.
Quality	Achieves consistency, thoroughness, and accuracy on assigned work and projects.
Job Knowledge	Demonstrates the knowledge and skills needed for job assignments.
Adaptability/Flexibility	Adapts to change and is open to different and new ways of doing things.
Work Environment/Safety	Promotes a respectful workplace and complies with general conditions of employment, security and workplace safety standards.
Use of Equipment/Materials	Uses equipment and materials safely, for their intended purpose, and consistent with applicable policies and procedures.



21525

PERSONAL DATA SHEET

NAME (Last, First, Middle Initial) Garcia-Quintana, Francisca L.			
DATE OF BIRTH		GENDER	
ADDRESS			
CITY		STATE	ZIP COUNTY
PHONE NUMBER/TYPE (check preferred) (505) 753-7191 Ext. 1086 <input checked="" type="checkbox"/> Work		E-MAIL ADDRESS/TYPE (check preferred) Francisca.garcia-qu@state.nm.us <input checked="" type="checkbox"/> Business <input type="checkbox"/> Other	
EDUCATIONAL LEVEL <input type="checkbox"/> Less than HS Grad <input type="checkbox"/> Some Grad School <input type="checkbox"/> HS Grad or Equivalent <input checked="" type="checkbox"/> Master's Degree <input type="checkbox"/> Some College <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Technical School <input type="checkbox"/> Doctorate (Prof) <input type="checkbox"/> 2 Year College <input type="checkbox"/> Bachelor's Degree		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced AS OF DATE: <u>8-29-96</u>	
MILITARY STATUS <input checked="" type="checkbox"/> No Military Service <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Active Reserve <input type="checkbox"/> Special Disabled Vietnam Veteran <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Veteran (VA Ineligible) <input type="checkbox"/> Retired Military <input type="checkbox"/> Veteran of the Vietnam ERA		ETHNICITY (please specify)	
EMERGENCY CONTACT INFORMATION			
NAME	Delfin D. Quintana		
ADDRESS			
PHONE NUMBER(S)			
RELATIONSHIP	Husband		

September 2012 Update

mp

CODE OF CONDUCT
Adopted April 25, 2011

ACKNOWLEDGMENT
(CLASSIFIED EMPLOYEES)

I, Francisca Garcia-Quintana, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Susana Martinez on April 25, 2011. I agree to adhere to its terms and understand that violation of those terms constitutes cause for dismissal, demotion, or suspension.

Printed name: Francisca Garcia-Quintana

Signature: [Handwritten Signature]

Date: 6-27-12

**PERSONNEL ACTION REQUEST
EMPLOYEE SUPPORT SERVICES**

Children, Youth & Families Department



For Agency Use Only: SMART

PAR # (s): 35204

Analyst: Frances

Revised 09/28/2006

Date Rec'd ESS

NOV 201

Effective Date of Action: 11/12/11

Section 1 – Employee/Position Information

Employee Name		National ID (SSN)		Employee ID		Work Schedule	
Garcia-Quintana, Francisca				321525		M-F 8 to 5	
Current TOG or Manager Group Title	Current Job Class Code	Current Working Title		Current Pay Band	Current Pay Rate	Current Compa Ratio	
Soc/Com Sv Coord-A	B9151A	I-HS Supervisor		70	\$23.62	1.05	
Current Department Number		Current Perm #	Current Org Level	Current Location	Current Position Status	Current Sort Code	
5040010000		32352	F	Espanola	Perm	5105	
New TOG or Manager Group Title	New Job Class Code	New Working Title		New Pay Band	New Pay Rate	New Compa Ratio	
New Department Number		New Perm #	New Org Level	New Location	New Position Status	New Sort Code	

Section 2 – Type of Action Requested for Employee or Position

Employee	Position
<input type="checkbox"/> Hire (Retiree Reemployment? Yes <input type="checkbox"/> No <input type="checkbox"/>)	<input type="checkbox"/> Advertise Position/Request Employment List
<input type="checkbox"/> In-Grade Hire	<input type="checkbox"/> Create Position
<input type="checkbox"/> Promotion	<input type="checkbox"/> Delete Position
<input type="checkbox"/> Class Reduction	<input type="checkbox"/> Transfer Position
<input type="checkbox"/> Transfer: From _____ To: _____	<input type="checkbox"/> Location Change
<input type="checkbox"/> Resignation	<input type="checkbox"/> Tool Number Change
<input type="checkbox"/> Retirement	<input type="checkbox"/> Reclassify Position (Include SDF)
<input checked="" type="checkbox"/> Other (Please specify in "Remarks")	<input type="checkbox"/> Other (Please specify in "Remarks")

Remarks: Multi-lingual pay approved eff. 11/12/11

Section 3 – Requestor and Authorization

Supervisor Name & Signature	Telephone Number	Title	Date
Middle Manager Review Name & Signature	Telephone Number	Title	Date
Carmela Alcon	753-7191	COM	11/21/11
Division Review & Signature	Telephone Number	Title	Date
Trish Ortiz	827-8452	HR Coordinator	11/21/11
Employee Support Representative Review & Signature	Approval to proceed with request:		
	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Date: 11/22/11		

Employee Support Services Use Only

FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		Bargaining Unit Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No (Send copy to Labor	
Benefits Elig? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retiree ReEmployment? <input type="checkbox"/> Yes <input type="checkbox"/> No Relations Rep.)	
Action	Reason	Date	Initials
		11/29/11	BM
Action	Reason	Date	Initials
		Copy to Payroll/Benefits?	Retro Pay Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Date:	Retro Start Date: _____

SPO Use Only

Date logged _____

Date agency notified _____

New Mexico State Personnel Board Temporary Recruitment/ Retention Differential

(This pay mechanism does NOT count toward PERA contributions.)



Section 1: AGENCY INFORMATION (to be completed by Agency Personnel)

Business Unit Name and Code: CYFD Protective Services (690-50)

HR contact: Bonnie Madrid

HR tel number: 827-7945

HR e-mail address:

Bonnie.Madrid@state.nm.us

Requested by
supervisor/manager: Carmale Alcon

Tel Number: (505) 753-7191

Current Information

EMPLOYEE: Francisca Garcia-Quintana

Employee ID: 321525

Classification: Soc/Com Sv Coord-A
(I-HS Supervisor)

Pay Band: 70

Bargaining Unit Covered Position:

☐ Yes☒ No

Position #: 32352

OL#: 5040010000

Hourly salary: \$23.62

Compa-ratio: 1.05

Proposed Information

Dollar amount of TRD: \$.10

Percent of TRD: %

Percentage calculated on base pay.

Begin and end dates for TRD (cannot exceed 2 years):

Begin 11/12/11

End until position is vacated

NMAC 1.7.4.13..A Temporary Recruitment/Retention Differential

The director may authorize, in writing, a pay differential of up to fifteen percent (15%) of an employee's base pay to an employee who fills a position which has been documented as critical to the effective operation of the agency and has been demonstrated and documented to be a severe recruitment problem for the agency.

(1) A differential authorized under this provision shall be tied to the position and may not transfer with the employee should the employee leave that position. Payment of this differential shall be separate from the employee's base salary. Agencies shall demonstrate to the office, at least biennially, the circumstances which justified the differential to determine the necessity for its continuance.

(2) A differential of more than fifteen percent (15%) of an employee's base pay or a total salary (base pay plus differential amount) that exceeds the maximum of the pay band may be authorized if approved by the director.

NMAC 1.7.4.7 B "Appropriate placement" means those elements to be considered in determining pay upon hire, promotion, transfer or reduction including the employee's education, experience, training, certification, licensure, internal pay equity, budgetary availability and, when known and applicable, employee performance.

Compa-ratio means pay expressed as a percentage of the midpoint of a pay band.
(To calculate divide hourly salary by the midpoint of the pay band)

Section 2: RATIONALE FOR PROPOSED ACTION (to be completed by Agency Personnel)

Please describe the recruitment/retention difficulties related to geographic location, market and/or unusual or extreme working conditions.

Pursuant to CYFD Policy 4.8, employees may designate multi-lingual employees to perform the duties of facilitating communications with members of the public. Such assigned employees are entitled to a differential in the amount of \$0.10 per hour.

Section 3: RECRUITMENT/RETENTION HISTORY FOR THIS POSITION OR POSITIONS IN THE SAME CLASSIFICATION (to be completed by Agency Human Resources)

N/A - this is not for the purpose of requesting a Temporary Recruitment/Retention Differential.

- Turnover history for this position or position group provided by agency indicates significant recruitment/retention issues.
- Vacancy history for this position or position group provided by agency indicates significant recruitment/retention issues.
- Reason person will be difficult to replace.
- How person's absence will significantly impact agency business mission and operations.

Section 4: REQUIRED SIGNATURES (to be signed by the requesting supervisor/manager)

Supervisor/Manager (Print Name): Carmela Alcon, COM	Date:
PSD Director Signature: Jared Rounselle	11/4/11
ASD Director Renada Peery-Galon	Date: 11/10/11

Section 5: HUMAN RESOURCE RECOMMENDATION (to be completed by Agency Human Resources)

Provide details as to why you recommend approval of this action. If you have an alternate recommendation, please indicate below:

Ms. Garcia-Quintana has met all the criteria to receive the Multi-Lingual Pay differential per CYFD policy 4.8.

HR Supervisor (Print Name): Bonnie Madrid	<input checked="" type="checkbox"/> Approval
HR Supervisor Signature: <i>Bonnie Madrid</i>	<input type="checkbox"/> Approval of alternate salary of \$_____ Compa/ratio_____
Date: 11/10/11	<input type="checkbox"/> Disapproval

For State Personnel Office Use ONLY

Reviewed by:	Date:
Approved by:	Date:
Notes (as needed)	

**NM Children, Youth & Families Department
Language Assistance Pay
Certification Form**

Employee Name: FRANCISCA GARCIA-GONZALEZ ^{Exp/Id #} Number: 321525
Perm Number: 32352 Position Classification: I-HS Supervisor

Pursuant to CYFD Policy and Procedure Manual Section 4.8: CYFD compensates multilingual employees that are available and capable of facilitating communication with members of the public or clients when needed. Compensation is \$.10 per hour. Supervisors designate the employees to perform the additional duty. Supervisors may withdraw the designation if work performance suffers, if skill level is inadequate, to rotate the responsibility among employees or due to budgetary availability.

I certify the above identified employee:

1. When necessary facilitates communication between English and non-English speaking members of the public; and
2. Is sufficiently proficient and available to provide such facilitation during the normal course of the workday; and
3. Is covered under the terms of CYFD Policy 4.8; and is therefore eligible for the \$.10 per hour pay differential; and
4. Will receive this differential only for as long as the employee remains in this position, continues to facilitate communication successfully and such communication needs continue; and

The pay differential will begin the first day of the pay-period following this fully executed certification.

Bureau Chief/ Director Certification

[Signature] 11/4/11
Signature Date

Employee Certification

[Signature] 10/31/11
Signature Date

**PERSONNEL ACTION REQUEST
EMPLOYEE SUPPORT SERVICES**

Children, Youth & Families Department

CYFD
NEW MEXICO

For Agency Use Only: SMART

PAR # (s): _____

Analyst: Frances

Revised 09/28/2006

Date Rec'd ESS



Effective Date of Action: _____

Section 1 - Employee/Position Information

Employee Name		National ID (SSN)		Employee ID		Work Schedule	
FRANCISCA GARCIA-QUINTANA				321525		M-F 8-5	
Current TOG or Manager Group Title	Current Job Class Code	Current Working Title		Current Pay Band	Current Pay Rate	Current Compa Ratio	
Soc/Com Sv Coord-O	B91510	I-HS PRACT		65	20.54	.99	
Current Department Number		Current Perm #	Current Org Level	Current Location	Current Position Status	Current Sort Code	
5040010000		08482	G	Espanola	PERM	5105	
New TOG or Manager Group Title	New Job Class Code	New Working Title		New Pay Band	New Pay Rate	New Compa Ratio	
New Department Number	New Perm #	New Org Level	New Location	New Position Status	New Sort Code		

Section 2 - Type of Action Requested for Employee or Position

Employee

- ☐ Hire (Retiree Reemployment? Yes ___ No ___)
☐ In-Grade Hire
☐ Promotion
☐ Class Reduction
☐ Transfer: From _____ To: _____
☐ Resignation
☐ Retirement
☒ Other (Please specify in "Remarks")

Position

- ☐ Advertise Position/Request Employment List
☐ Create Position
☐ Delete Position
☐ Transfer Position
☐ Location Change
☐ Tool Number Change
☐ Reclassify Position (Include PAO)
☐ Other (Please specify in "Remarks")

Remarks: Final EE for FY12 as employee promoted to I-HS Supervisor effective 9/17/2011

Section 3 - Requestor and Authorization

Supervisor Name & Signature	Telephone Number 505-753-7191	Title	Date
Middle Manager Review Name & Signature Carmela Alcon	Telephone Number 505-753-7191	Title Acting NE Regional Manager	Date
Division Review & Signature Trish Ortiz	Telephone Number 505-827-8452	Title HR Coordinator	Date 10/27/11
Employee Support Representative Review & Signature Bonnie Madril	Approval to proceed with request: NO YES <input checked="" type="checkbox"/>		Date: 10/28/11

Employee Support Services Use Only

FLSA Status: ___ Exempt ___ Non-Exempt		Bargaining Unit Eligible? ___ Yes ___ No (Send copy to Labor Relations Rep.)	
Benefits Elig? ___ Yes ___ No		Retiree ReEmployment? ___ Yes ___ No	
Action	Reason	Date	Initials
		11/8/11	tw
Action	Reason	Date	Initials
		Copy to Payroll/Benefits?	Retro Pay Required: ___ Yes ___ No
		Date:	Retro Start Date:

Acknowledgment of Receipt and Understanding

Instructions: **Employee**— Complete form and submit to your supervisor. Read the policy.
 Supervisor—Make sure the form is complete and forward to your Division Administrator.
 Division Administrator—Forward the completed form to ESS for inclusion in personnel file.

PART I: Basic Information (Please Print)

Employee Name: <i>Francesca Garcia-Quintana</i>	Bureau: <i>CYFD</i>	Division: <i>PSD</i>
Employee ID# <i>321525</i>		

PART II: Acknowledgment of Receipt and Understanding

I certify that I have received a copy of the following policy. I understand that it is my responsibility to read and comply with the contents of this document. I further understand that if I violate this policy, I am subject to discipline in accordance with CYFD policies, up to and including dismissal.

- CYFD, HRA, Part 2.1, General Working Conditions, **Code of Conduct**, dated October 5, 2011

PART III: Employee Signature

Employee Signature <i>Francesca Garcia-Quintana</i>	Date <i>10/20/11</i>
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PART IV: Comments



Request for Alternative Work Arrangements

Employee Information:

Name: Francisca Garcia-Quintana	Job title: In Home Services Supervisor
Supervisor Name: Carmela Alcon, MSW, LISW Acting Regional COM	Job entry date: Aug. 2009 Investigator November 2010 I-HS Practitioner October 19, 2011 I-HS Supervisor
Last evaluation date: 10-3-11	Last eval. overall rating: Exemplary

Request Information:

Alternative Work Schedule (AWS), start date: 10/15/11 I would like to maintain current alternative schedule effective immediately.

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Hours			7:30am-4:00 pm with a ½ hr lunch.	7:30am-4:00 pm with a ½ hr lunch.	7:30am-4:00 pm with a ½ hr lunch	7:30am-4:00 pm with a ½ hr lunch	7:30am-4:00 pm with a ½ hr lunch

Alternative Work Location (AWL), start date: No change in work location: R.A./L.A. CYFD

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
		N/A	N/A	N/A	N/A	N/A

Employee signature: I have read the Alternative Work Arrangements policy, CYFD HR Policy and Procedures section 2.6 and I agree to comply with all provisions. Attached are my completed self-assessment, position assessment and work space certificate (the certificate is for alternative work location requests), for consideration.

Francisca Garcia-Quintana, MSW

Signature

Francisca Garcia-Quintana, MSW

Printed name

10-5-11

Date

525321525

Employee ID

Supervisor evaluation:

I have reviewed the position and employee assessment criteria and the needs of CYFD.

- Employee Assessment (Alternative Work Location and Alternative Work Schedule)
- Position Evaluation (Alternative Work Location and Alternative Work Schedule)
- Workspace Certificate (Alternative Work Location only)

Panetha
GARCIA-GUTZ

Based on the review of this documentation and a discussion with the employee, I recommend:

X Approval Denial Alternative Work Schedule (AWS)
N/A Approval N/A Denial Alternative Work Location (AWL)

Carmela Alcon 10-7-11
 Supervisor Signature Date
Carmela Alcon 10/6/11
 Printed Name Employee ID

My plan for supervising this employee during the performance of an Alternative Work Schedule (AWS) or while performing at an Alternative Work Location (AWS) is:

Panetha is always accessible to supervisor regardless of day or
time. Always meets deadlines.

Division Director:

I have reviewed the employee's position and self assessment, the supervisor's recommendation and plan for supervision for Alternative Work Schedule (AWS) and/or the proposed Alternative Work Location Agreement and the Workspace Certificate.

The request for Alternative Work Schedule is: Approved Denied

[Signature] 10/13/11
 Division Director Signature Date
Tara Lounsville
 Print Name

The request for a Alternative Work Location is: N/A Approved N/A Denied

 Division Director Signature Date

 Print Name

If approved by the Division Director for Alternative Work Schedule (AWS) or for Alternative Work Location (AWL) this form, the assessments and the Alternative Work Location Agreement (if applicable) are distributed as follows: a copy is provided to the employee and the supervisor and the original is forwarded to human resources for inclusion in the personnel file.

If the request for alternative work arrangements is denied by the supervisor or the division director, comments outlining the reason(s) for the decision are to be documented below and the request is to be returned to the employee.

Comments:



Request for Alternative Work Arrangements: Position Evaluation

The purpose of this form is to determine through discussion between the supervisor and the employee if the job is appropriate for alternative work arrangements such as alternative work schedule or alternative work location. Please consider these questions in terms of **regularly** being performed at a remote location or at times that are outside normal business hours rather than **occasionally** being performed under an alternative work arrangement.

Employee Name: Francisca Garcia-Quintana, LMSW Date: 10-5-11

What is your working title? In Home Services Supervisor

Supervisor Name: Carmela Alcon, MSW, LISW Acting Regional COM

Question	Employee Assessment	Manager Assessment
Job responsibilities can be arranged so that there is no difference in the level of service provided to the customer.	<u>Yes</u> No	<u>Yes</u> No
Minimal requirements for direct supervision or contact with the customer	<u>Yes</u> No	<u>Yes</u> No
Low face to face communication requirements with the ability to arrange days when communication can be handled by telephone or email	<u>Yes</u> No	<u>Yes</u> No
Minimal equipment requirements	<u>Yes</u> No	<u>Yes</u> No
Ability to define tasks and work products with measurable work activities and objectives (see below)	<u>Yes</u> No	<u>Yes</u> No
Ability to control and schedule work flow	<u>Yes</u> No	<u>Yes</u> No
Low impact on other workers in the primary workplace	<u>Yes</u> No	<u>Yes</u> No

Which job duties will be performed? What are the deliverables? (attach a separate list if needed) I will continue workind my 8 hour work schedule, but would like to work an alternate schedule from 7:30 am to 4:00 pm. I am willing to work later if necessary and have always been available to staff and clients via cell phone. I have a computer with internet at home. I have always responded to staff and clients at all hours, including evening hours

Attach this form to the Request for Alternative Work Arrangements with the Employee Evaluation form and submit to the Division Director for final approval.



Request for Alternative Work Arrangement: Employee Assessment

Employee name: Francisca Garcia-Quintana, LMSW Date: 10-5-11

The purpose of this assessment form is to facilitate a discussion between the employee and the supervisor regarding the likely success of an employee requesting alternative work arrangements (location or schedule). Consider this assessment with the other documentation.

Question (Please circle one choice in the rating columns)	Self Rating	Mgr Agree?
Are you able to meet your own deadlines? Are you self-motivated, self-disciplined, and able to work independently; can you complete projects on time with minimal supervision and feedback; and are you productive when no one is checking on you or watching you work?	<u>Always</u> Usually Sometimes Not Really	<u>Yes</u> No
Do you have strong organizational and time mgt skills; are you results oriented; will you remain focused on your work while at another location or without supervision and not be distracted; do you manage your time and workload well, solve many of your problems and find satisfaction in completing tasks on your own; and do you keep your sights on results?	<u>Always</u> Usually Sometimes Not Really	<u>Yes</u> No
Are you comfortable working alone; can you adjust to the relative isolation of working off primary worksite or outside of normal business hours?	<u>Yes</u> No Not Really	<u>Yes</u> No
Are you knowledgeable about CYFD procedures and policies; do you have well-established work and communication networks at the primary work location?	<u>Yes</u> No Not Really	<u>Yes</u> No
Do you have an effective working relationship with coworkers and have you determined how to provide support and in-office communication to coworkers? Have you evaluated the effect of your telework days on the primary work location?	<u>Yes</u> No Not Really	<u>Yes</u> No
Have you demonstrated an ability to be flexible about work routines and environments; and are you willing to come to the primary work location on a scheduled telework day or during regularly scheduled flex time if needed by your supervisor, co-workers or customers?	<u>Yes</u> No Not Really	<u>Yes</u> No
Do you communicate well with your supervisor and co-workers; are you able to express needs objectively and develop solutions; and have you developed ways to communicate regularly with your supervisor and co-workers that you can utilize when not at the primary work location or during normal business hours?	<u>Yes</u> No Not Really	<u>Yes</u> No
Current job performance is a strong indicator of your potential success in an alternative work arrangement. Consider how any problems or developmental needs might affect your alternative work arrangement experience. Are you successful in your current position? Do you know your job well?	<u>Yes</u> No Not Really	<u>Yes</u> No

Attach this form to the Request for Alternative Work Arrangements with the Position Evaluation and the Workspace Certificate (if applicable). N/A Submit to the Division Director for approval.

Empl Id # 525321

FROM: Francisca "Pancha" Garcia-Quintana, LMSW
In Home Services Supervisor
Rio Arriba/Los Alamos Counties

DATE: 10-11-11

RE: Justification for Requesting Alternative Work Schedule

I am requesting to continue the following alternative work schedule:
Monday through Friday 7:30 AM to 4:00 PM with a half hour lunch

Justification:

I have three children

They all attend different school locations.

I have no family support to assist me with my children. My husband is employed full time in the day also. All three of my children are in sports.

I am requesting an alternative work schedule so that I can be available after school in time to get my children to their practices, game buses, and to make it to games. I am highly concerned of the health and well being of the children of NM, as well as my own children.

I will be working 8 hours daily as I have been in the past and I have always worked later whenever needed or to complete any projects or make any deadline. I will continue to be available to staff with employees and/or respond back to clients in a timely manner via cell phone. I have a computer at home with internet access. I have access to SHARE and my work E-mail at home as well. I have always responded to staff and clients in the evening hours when I am contacted.

I will continue to work diligently on behalf of the staff and clients so that all needs are met. My hard working ethic and work production was a factor in my promotion to the In Home Services Supervisor.

If you have any questions, please contact me at 505-753-7191 Ext. 1086 or on my cell phone at 505-927-5148. Your consideration is greatly appreciated.